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Editorial

Perspectives on this issue of the IJS

I should like first to extend our heartiest congratulations to David Tolley, one of our esteemed Assistant Editors, who has been elected President of the Royal College of Surgeons of Edinburgh. We are truly delighted and can bask in reflected glory. It is one of the highest honours one can be awarded in surgery and we know the College will be in safe hands.

Another important event is our agreement with the Association of Surgeons in Training. As one of the founder members I am pleased that we will be a vehicle for ASIT members' publications and an outlet for their organization. May it prove to be a long and fruitful liaison. We have published an editorial on this subject to commemorate the agreement.

I have just returned from southern Spain and Gibraltar where I visited centres with my travelling club. The new hospital in Gibraltar was built as an office block and converted into a hospital very successfully. When one thinks of the many problems with purpose built hospitals one is amazed at the few problems they have encountered. The population is 30,000 so it is difficult to provide everything and many patients have to travel to Spain or the UK for some treatments. In Grenada we visited an 1100 bed hospital which was one of the transplant centres for Andalusia. What impressed us most was the cleanliness of both institutions and obvious pride the community had in their hospitals. Interestingly waiting lists were longer in Spain and they certainly have not approached the UK 2 week waiting rule for cancer patients to be seen.

On my return to the UK, I spent 3 full days examining at the Royal College of Surgeons for the MRCS. This was in the new OSCE format. I found some stations very discriminatory but others were not. The telephone conversation between a resident (examinee) and his chief (examiner) describing an emergency admission was excellent. The most depressing part was the very low standard in the technical skills stations. One has to ask oneself whether the 48-hour week has ruined training in surgery.

This issue is not short on technical procedures. A new approach to the submandibular gland is proposed following studies on cadavers using an intra-oral approach with endoscopic assistance. Obviously feasible but the authors point out this approach needs to be tailored to the individual patient and the skill of the surgeon. The use of polyaxial screws for lumbar-iliac fixation after sacral tumour excision is described, and a case report with a review of the literature on removing a giant retroperitoneal lymphangioma. Another excellent technical paper is on ultrasound guided catheterization of the internal jugular vein compared with the classical anatomical landmark technique in 551 patients. 347 were cannulated under u/s control with significantly shorter times, less complications and fewer attempts.

Plastic surgical articles, I am pleased to say, feature prominently. One is a technical paper describing a single surgeon's experience in cortical tunnel fixation in endoscopic brow lift. It would appear to be a simple modification which gives a stable and reproducible method of maintaining a brow lift. Post code medicine and surgery in the UK is a fact of life and nowhere is the funding inequality more evident than in plastic surgery. The authors approached all 149 PCTS (the funding bodies) and received replies from 124 (85%). Some allowed no plastic surgical operations whilst others allowed a full range of procedures which included breast reduction, breast augmentation, mastopexy, removal of implants, abdominoplasty, face lifts, blepharoplasty, rhinoplasty, pinnaplasty, operations for gynaecomastia and tattoo removals. The 3rd plastic surgical article concerns referrals. In 2000 the UK government stated that all patients in Accident and Emergency departments had to be treated within 4 hours. An observational study of timing versus appropriateness of acute plastic surgical referrals in the UK makes interesting reading.

For anyone operating on the anus do read the paper on the efficacy of perianal block over spinal or general anaesthesia. The authors have shown it to be safe, feasible, reliable and reproducible in 100 patients. Crohn's disease of the vulva and how to deal with this difficult, rare problem is described in 55 patients. Two different problems with the oesophagus – necrosis and the poor outcome of adenocarcinoma after prior anti reflux surgery are addressed in separate articles whilst the age old problem of adhesions is explored in an experimental study in which vitamin E and amniotic membrane are shown to reduce them in a study in rats.

A clinical trial, albeit with small numbers, compares open and laparoscopic inguinal hernia repairs. Laparoscopic repairs took longer to perform but the patients returned to activities and work quicker.

The ovarian vein syndrome, uncommon in nulliparous women, with a full literature search, and how to distinguish it from pelvic congestion syndrome is discussed in another article.

There are so many fascinating papers in this issue that it is impossible for me to mention them all. That is not to say they are not worth reading. As you can see from this issue the journal is really one which truly embraces all surgery from all corners of the world.

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